

## Assessment for Day Services

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Initial Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you receive home and community-based Medicaid waiver services: Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please list the agency providing the waiver services: \_\_\_\_\_

### MEDICAL HISTORY

Injuries: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Age: \_\_\_\_\_

Do you have regular check-ups with your physician? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any type of health care coverage that pays for all or part of your medical care? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please list: \_\_\_\_\_

In general would you say your health is (circle one):      excellent                      very good                      good                      fair                      poor

In the last month have you accomplished less than you would like as a result of your physical health? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, explain: \_\_\_\_\_

Do you exercise? \_\_\_\_\_ How often per week? \_\_\_\_\_ How long per session? \_\_\_\_\_

Would you like to make a change in your current activity level? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, explain: \_\_\_\_\_

How do you relax? \_\_\_\_\_

Do any of the following apply to your current health status? Please circle those that apply.

Stroke                      Allergies                      Heart Disease                      High Blood Pressure                      Diabetes                      Blood Clots                      Other

Explain: \_\_\_\_\_

Are you currently taking medication? \_\_\_\_\_ If YES, please list all medications in the following Medical Management section.

**MEDICAL MANAGEMENT**

MEDICATION	CONDITION	MEDICATION DOSAGE/SCHEDULE	PHYSICIAN/PRESCRIBER

Do you self medicate? Yes\_\_\_\_ No \_\_\_\_ Does anyone assist you with your medication? Yes \_\_\_\_ No \_\_\_\_ If yes, who? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLANNING INVENTORY**

*The purpose of the Planning Inventory on the following pages is to provide a basic assessment in the identified planning areas. This assessment instrument is not a mandatory assessment for service providers; however, it provides a minimum assessment in each of the identified areas. Service providers using optional or additional assessment instruments must be sure that as a minimum each of the areas on this assessment instrument are included in their assessment.*

*Directions: Rate each planning area based on the current level of competence in each of the planning areas. Place a check or X in the appropriate box. If you do not think planning is necessary because a statement is not appropriate for this particular consumer, check the "NA" (for "not appropriate") box.*

**Each "NA" response requires a written comment of explanations**

PLANNING AREA		Not Appropriate	No or Dependent	Needs Support	Yes or Independent	COMMENTS
SELF-ADVOCACY / SELF-DETERMINATION						
SA-1.	Aware of personal preferences and interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SA-2.	Aware of individual strengths and limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SA-3.	Differentiate between wants and needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SA-4.	Identifies choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SA-5.	Makes choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SA-6.	Considers various options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SA-7.	Considers the consequences of decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SA-8.	Establishes individual goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SA-9.	Demonstrates problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SA-10.	Assumes responsibility for actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SA-11.	Demonstrates self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SA-12.	Expresses feelings and ideas to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SA-13.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SA-14.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SA-15.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PLANNING AREA		Not Appropriate	No or Dependent	Needs Support	Yes Independent	COMMENTS
SELF-ESTEEM						
SE-1. Feels useful and needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SE-2. Feels he/she has good qualities and traits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SE-3. feels successful most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SE-4. Happy with himself/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SE-5. Happy with his/her life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SE-6. Has a positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SE-7. Respects himself/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SE-8. Respects others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SE-9. Expresses feelings to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SE-10. Expresses opinions to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SE-11. Develops friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SE-12. Enjoys conversation with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SE-13. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SE-14 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SE-15 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

PLANNING AREA		Not Appropriate	No or Dependent	Needs Support	Yes or Independent	COMMENTS
COPING SKILLS						
CS-1. Often feels stress		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-2. Identifies cause of his/her stress		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-3. Solves problem situations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-4. Controls anger/temper		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-5. Controls emotion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-6. Does not engage in self-destructive behavior		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-7. Identifies situations that may upset him/her		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-8. Avoids situations that may upset him/her		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-9. Avoids physical, psychological or emotional situations that are harmful		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-10. Has a crisis management plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-11. Has family support		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-12. Has a support group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-13. _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-14. _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-15. _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PLANNING AREA		Not Appropriate	No or Dependent	Needs Support	Yes or Independent	COMMENTS
PERSONAL RESPONSIBILITY						
PR-1. Schedules own appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PR-2. Sets personal goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PR-3. Keeps track of daily schedules using a clock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PR-4. Keeps track of weekly and monthly schedules using a calendar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PR-5. Plans, prepares and serves his/her own meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PR-6. Prepares shopping list and shops for his/her own groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PR-7. Cleans his/her own room (sweep, dust, make bed, pick-up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PR-8. Uses washer and dryer to cleans his/her own clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PR-9. Lives in an apartment or house by himself/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PR-10. Lives in an apartment or house with roommate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PR-11. Identifies current day, month and year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PR-12. Identifies safety hazards within the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PR-13. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PR-14. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PR-15. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PLANNING AREA		Not Appropriate	No or Dependent	Needs Support	Yes or Independent	COMMENTS
PERSONAL HEALTH AND HYGIENE						
PH-1. Maintain good physical health		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PH-2. Recognizes and addresses physical problems that arise		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PH-3. Maintains good mental health		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PH-4. Recognizes and addresses mental health problems that arise		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PH-5. Makes informed choices regarding sexual behavior		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PH-6. Takes a bath or shower and dries self		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PH-7. Washes and rinses own hair		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PH-8. Brushes teeth		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PH-9. Uses deodorant after shower or bath		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PH-10. Adjusts hot and cold faucets safely		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PH-11. Dresses him/herself		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PH-12. Calls 911 in an emergency		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PH-13. _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PH-14. _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PH-15. _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PLANNING AREA		Not Appropriate	No or Dependent	Needs Support	Yes or Independent	COMMENTS
SOCIALIZATION						
S-1.	Acknowledges others in the room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S-2.	Makes eye contact when talking or being talked to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S-3.	Acknowledges own name when called	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S-4.	Answers when asked a question	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S-5.	Participates in group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S-6.	Obeys rules at home, school and work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S-7.	Follows one step directions given by a person in charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S-8.	Talks in a group discussion staying on the topic of conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S-9.	Does not interrupt others when they are talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S-10.	Goes to others to get help or information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S-11.	Manages anger in a tense situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S-12.	Develops friendships with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S-13.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S-14.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S-15.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



PLANNING AREA		Not Appropriate	No or Dependent	Needs Support	Yes or Independent	COMMENTS
COMMUNITY PARTICIPATION						
CP-1.	Participates as an active citizen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CP-2.	Locates appropriate community services and resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CP-3.	Knows how to use a variety of services and resources successfully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CP-4.	Picks activities within the community to do for fun away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CP-5.	Makes plans and arranges to get to an event or activity he/ she likes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CP-6.	Asks directions when in an unfamiliar location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CP-7.	Knows how to order meals at a fast food restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CP-8.	Orders a meal from a menu at a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CP-9.	Contacts caseworker or staff for assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CP-10.	Asks where to find a telephone in an unfamiliar location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CP-11.	Uses 911 or 0 and asks for helping an emergency when alone in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CP-12.	Knows and obeys safety rules while in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CP-13.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CP-14.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CP-15.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PLANNING AREA		Not Appropriate	No or Dependent	Needs Support	Yes or Independent	COMMENTS
MOBILITY AND TRANSPORTATION						
MT-1.	Does not require mobility ADS for walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MT-2.	Is able to maneuver stairs without assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MT-3.	Asks for directions in an unfamiliar place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MT-4.	Walks or bikes to a place at least several blocks away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MT-5.	Able to get to a bus or train stop without assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MT-6.	Knows how to access public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MT-7.	Uses a map for navigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MT-8.	Has a drivers license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MT-9.	Wants to obtain a drivers license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MT-10.	Reads and understands street and traffic signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MT-11.	Has a support person to provide transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MT-12.	Requests assistance in securing transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MT-13.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MT-14.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MT-15.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PLANNING AREA		Not Appropriate	No or Dependent	Needs Support	Yes or Independent	COMMENTS
COMMUNITY SAFETY						
CS-1.	Watches for traffic before crossing streets, driveways and parking lots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-2.	Crosses the street only at designated crosswalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-3.	Walks a safe distance from moving traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-4.	Looks in both directions before crossing a street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-5.	Stays with the group in a crowded or busy area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-6.	Gets into cars with friends or family only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-7.	Asks for help when in danger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-8.	Knows his/her phone number and address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-9.	Gives out personal information only in emergency situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-10.	Contacts a neighbor for help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-11.	Carries identification and money when leaving home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-12.	Takes precautions when going out into the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-13.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-14.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS-15.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PLANNING AREA		Not Appropriate	No or Dependent	Needs Support	Yes or Independent	COMMENTS
MONEY MANAGEMENT						
MM-1.	successfully uses a vending machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MM-2.	Pays for an item that costs more than a dollar with a Sufficient number of bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MM-3.	Gives the exact amount of change to pay for something That costs les than one dollar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MM-4.	Has a checking account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MM-5.	Has a savings account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MM-6.	Manages personal finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MM-7.	Cashes check/paychecks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MM-8.	Checks the accuracy of paycheck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MM-9.	Understands deductions on a paycheck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MM-10.	Budgets spending money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MM-11.	Makes a withdrawal from a bank account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MM-12.	Maintains financial records such as receipts and bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MM-13.	Uses a debit card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MM-14.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MM-15	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

# PLANNING AREA

Not  
Appropriate

No or  
Dependent

Needs  
Support

Yes or  
Independent

## PRE-EMPLOYMENT

## COMMENTS

PE-1. Has a specific interest in securing employment

☐
☐
☐
☐

PE-2. Has specific job skills

☐
☐
☐
☐

PE-3. Has a specific employment goal

☐
☐
☐
☐

PE-4. Identifies interests and preferences concerning employment

☐
☐
☐
☐

PE-5. Identifies and understands basic abilities and disabilities

☐
☐
☐
☐

PE-6. Able to make informed choices

☐
☐
☐
☐

PE-7. Develops goals

☐
☐
☐
☐

PE-8. Communicates with others in an appropriate manner

☐
☐
☐
☐

PE-9 . Follows directions

☐
☐
☐
☐

PE-10. Displays acceptable on-the-job behaviors

☐
☐
☐
☐

PE-11. Displays acceptable on-the-job socialization skills

☐
☐
☐
☐

PE-12. Advocates for self

☐
☐
☐
☐

PE-13. \_\_\_\_\_

☐
☐
☐
☐

PE-14. \_\_\_\_\_

☐
☐
☐
☐

PE-15 \_\_\_\_\_

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# PLANNING AREA

Not  
Appropriate

No or  
Dependent

Needs  
Support

Yes or  
Independent

## JOB SEARCH

## COMMENTS

JS-1. Identifies 2 or 3 jobs interests

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JS-2. Identifies realistic job interests

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JS-3. Selects job interests that matches his/her skills

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JS-4. Seeks assistance from agencies or employment counselors in finding a job

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JS-5. Contacts friends and family concerning job openings

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JS-6. Contacts employers concerning job openings

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JS-7. Asks a person he/she knows well for a job recommendation

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JS-8. Prepares a resume to include personal information and work history

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JS-9. Fills out a job application completely

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JS-10. Requests an interview for a job

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JS-11. Asks and answers questions during a job interview.

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JS-12. Accepts a job when one is offered

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JS-13. \_\_\_\_\_

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JS-14. \_\_\_\_\_

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JS-15. \_\_\_\_\_

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PLANNING AREA	Not Appropriate	No or Dependent	Needs Support	Yes or Independent	COMMENTS
ADDITIONAL PLANNING AREAS					
AP-1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AP-2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AP-3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AP-4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AP-5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AP-6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AP-7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AP-8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AP-9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AP-10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AP-11. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AP-12. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AP-13. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AP-14. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AP-15. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**ASSESSMENT SUMMARY****PLANNING AREAS****SUMMARY COMMENTS AND RECOMMENDATIONS**

MEDICAL HISTORY	
SELF-ADVOCACY/SELF-DETERMINATION	
SELF-ESTEEM	
COPING SKILLS	
PERSONAL RESPONSIBILITY	
PERSONAL HEALTH AND HYGIENE	
SOCIALIZATION	
COMMUNITY PARTICIPATION	
MOBILITY AND TRANSPORTATION	
COMMUNITY SAFETY	
MONEY MANAGEMENT	
PRE-EMPLOYMENT	
JOB SEARCH	
OTHER #1	
OTHER #2	
OTHER #3	

*For referrals assigned to Supported Employment: Complete the summary page above and transfer information to complete the consumer profile, Section III of the Individual Plan of Supported Employment.*

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